

I am an adult adoptee as well as a licensed clinical psychologist with a specialization in adoption. I have both a clinical practice as well as a forensic practice where over the years I have treated hundreds of adopted individuals and have seen a wide spectrum of adoption related issues. I have been qualified as an expert in adoption through my education, training and years of experience in adoption. In addition, for several years I wrote and published a quarterly newsletter, TLC Triad Newsletter, as an outreach in education for the adoption community and have published in the Journal of Prenatal and Perinatal Psychology and Health on "The Resulting Effects of In Utero Attachment on the Personality of an Adopted Individual." I have taught adoption classes at the university level and am a guest speaker for various foster family organizations.

As an adoptee and adoption specialist, I understand that during childhood and adulthood, all adoptees are at a higher risk for psychological maladjustment. A child cannot be separated from their birth mother without repercussions. Adoptees struggle with genealogical bewilderment (the experience of not growing up with one's biological parents, not knowing any blood relatives, and losing the protection that genealogical continuity provides.) Most adoptees to one degree or another suffer from abandonment and rejection issues. But for some, the unresolved pain stemming from being adopted coupled with the secrecy inherent in adoption, creates a perfect storm in which the adoptee reacts to the traumatic effects of adoption with identified anti-social behaviors.

Over the years in my clinical work and private practice I developed a psychoeducational model when working with adoptive parents, helping them to learn about the lifelong issues in adoption as well as to recognize and navigate the normal but predictable developmental milestones for all adoptees and adoptive families. Clinically I function in an advisory capacity with adoptive parents and an advocacy position for adopted children. Part of the clinical work is to provide grief counseling for adopted children as they begin to show symptoms of sadness and loss surrounding their adoptions. Most often part of the healing involves facilitating the opening of a closed adoption for the adoptee and to support the family during the search and reunion with the birth family.

In my forensic work, I am frequently hired by Adoption Attorneys to conduct competency evaluations for prospective adoptive parents and for birthparents when there is a mental health issue. Over the last several years I have been hired by Defense Counsel in a number of Capitol Murder cases of adoptee parricide (an adoptee who murders their adopters or adoptive relatives.) My role is to assess the adoptee's mental state at the time of the murder, to determine if the adoptee is competent to stand trial, to assess the prediction toward violence and future risk and to provide sentencing recommendations.

Most of the parricide cases that I have been involved in have been committed by young teenage adoptees that murder their entire family in one act of cataclysmic rage, a crime of passion. There are striking similarities in these cases; they have been raised in middle class families, adopted at birth in a closed adoption, they have no previous criminal history or convictions, and they do not leave the scene of the crime, but rather call for help. The question asked of me is, why, what went wrong?

The risks for adoptees are compounded because of the secrecy around their adoption and the struggle to repress or dissociate their thoughts, feelings and grief. Not only does secrecy create a range of identity problems, it constitutes a large part of the additional stress that an adopted person experiences while growing up with non-genetic parents. Alarming, if we look at the connection between adoption and poor outcomes, statistics show that as children and young adults, adoptees are more likely represented in outpatient mental health settings, drug and alcohol settings and psychiatric inpatient setting. Adoptees are 15 times more likely to kill one or both of their adoptive parents than biological children. These negative outcomes are seen in what appears to be apparently successful adoptions. The National Criminal Justice System, NCJS Journal Abstract, "Adoption & Murder. From Psychology and Law" reported that adopted children commit murders more often than commonly believed, but that there is resistance to making an issue of this fact. This may be because of the secrecy associated with adoption as well as the failure of criminal justice agencies to record the nature of an offender's family background. From a legal posture, an adopted child is simply the child of his adoptive parents and the psychodynamics that adoption creates are easily overlooked in forensic mental health evaluations. Statistically even more alarmingly is the preponderance of serial killers that are adoptees. Estimates from the FBI, are that of the 500 serial killers currently living in the United States, 16% have been identified as adoptees. Since adoptees represent only 2-3% (5-10 million) of the general population, the 16% that are serial killers is a vast over-representation compared to the general population.

Questions prevail. Are we just bad seeds? Or are these problems related to the increased vulnerability that secrecy and sealed records create? I believe that these poor outcomes are psychological in nature, born out of the pain, secrecy and shame created by sealed records.

It is a very important time in history. Many powerful civil right movements are taking place in the world. The "Me Too" movement, which has uncovered the widespread prevalence of sexual assault and harassment, especially for women in the work place. The "Black Lives Matter" movement, where violence against African American people has become global headlines. And the "Never Again" movement where high school children are demonstrating to move lawmakers to make going to school safe and free from mass shootings.

The time is now for the adopted person too. Adoptees need to have, should have, the same civil rights as non-adopted people. We are one of the few remaining groups that are not legally entitled to know our histories, roots or heritage, whose records are sealed from us, permanently and forever! Where we are perpetually viewed as children who are not entitled to our most basic personal knowledge and truth. My hope is that the movement in Connecticut to open adoption records will pass and that other states will gather in the momentum and give adopted people the rights that are afforded all human beings. I believe that it behooves us as a society to see the dangers that closed adoption records create for the adoptee, their families and the world at large.

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